

Minutes

House Select Committee on Methamphetamine Abuse

**Thursday, December 8, 2011
Room 1228/1327, Legislative Building
10:00 AM**

The House Select Committee on Methamphetamine Abuse met on Thursday, December 8, 2011 at 10:00 AM in Room 1228, Legislative Building.

Representative John Faircloth, Co-Chair, presided.

The following members were present:

Representative Craig D. Horn, Co-Chair
Representative Tom Murry
Representative Sarah Stevens
Representative Mark Hollo

Representative Annie Mobley
Representative Marian McLawhorn
Representative Joe Tolson

Representative Faircloth presided. He welcomed the committee members, and thanked the Sergeant of Arms, Wayne Davis and Bob Rossi, for attending the meeting. He introduced legal staff, Hal Pell and Jennifer McGinnis and also the members of the committee. He thanked all the members for attending. Representative Faircloth reminded the Representatives to fill out their reimbursement forms and turn in before they leave.

Representative Faircloth stated that for this meeting they tried to break the information down into various interests in the methamphetamine enforcement situation. The goal was to visit the problem in a little more detail than what was addressed in the last committee meeting. He wanted the committee to get a feel for what is going on in the field, and what the law enforcement agents are finding. He stated that at the next meeting, the co-chairs intend to talk about prosecution, the court system, and some of the laws involved.

Representative Faircloth moved adoption of the minutes from the last meeting. The motion carried unanimously.

Representative Faircloth stated the first item on the agenda is a DVD, titled "Meth is Death." The DVD showed interviews with people who had been hooked on methamphetamine, had gotten off of it, and now were leading a normal life. Representative Faircloth advised the members of the committee that their packets contained a copy of the DVD.

PRESENTATIONS

Representative Faircloth introduced Holly Dye, Executive Director of National Drug Endangered Children Training and Advocacy Center. Ms. Dye talked about how and why she became interested in helping drug endangered children. She began her career as a preschool teacher. She did developmental assessments on children prior to obtaining a job in a prison for a research project interviewing inmates. Many of the inmates there were for drug involved crimes, therefore capital crimes, violent crimes, and property crimes. Ms. Dye began to observe that the inmates were very emotional about their childhoods. She observed that most never had a childhood and they would cling to one positive memory. She

observed that many of them were raised in drug homes. Their first drug use was as a teen, and usually with a relative or family member who introduced them to that drug. Later in her career she worked in the foster care system with the drug court. Again, in a research and treatment capacity, she provided treatment to adults. Because of that experience, she became aware of what addicts do to cover up what they are doing to their children, and how to evade the law. She would get to know the children personally. Her breaking point came at indictment time when children, who had come to know and trust her, would see that she basically had to trick their parents into being arrested. From that experience, and the fact that these children were being ignored at home, she decided that she wanted to do something to help. This was in year 2000. Four years later while working in a health education job, she had an opportunity to move forward when methamphetamine use exploded in Kentucky. They were 3 toddler fatalities within a 2 month period. Each toddler was beaten to death. One child's body was thrown into a ravine. Within a week they had national attention in Kentucky. Ms. Dye stated that she wanted to give the committee an idea of her background so they would understand her involvement in the drug world as a treatment provider, as a care taker for children, and as an advocate for the children now.

Ms. Dye presented a power point presentation titled "Drug Endangered Children." A copy of the presentation (Attachment 1) is included in these minutes. "What is a drug endangered child? A child experiencing neglect, physical, emotional or sexual abuse that is attributed to illicit drug use, drug trafficking (or sales), or drug manufacture of prescription drugs, marijuana, cocaine, or methamphetamine by caregivers." Ms. Dye stated that it is not just methamphetamine that she is talking about, but she will address specific cases that resulted from meth use. From her perspective, it is all about the rescue. She warned the committee that some of the photos that they will see are a little graphic, but she wanted the members to see what she sees when working cases. They focus a lot on the babies, but children are used in sex acts. Their bodies are the currency that women use for drugs. They may leave their children with a drug dealer if they do not have money, with a promise to come back. The parents have no idea what is happening to their children when they leave them. Ms. Dye recently had a case where a child had 65 cigarette burns on their body. The drug dealer gave the child one cigarette burn for every day they were not paid. She showed the committee photos from a home that was manufacturing meth. In the photo you could see drugs, money, and examples of welfare fraud. Drug Endangered Children (DEC) actually began as a practice because of welfare fraud. Many crimes are occurring in these homes, not just drug use. DEC is asking the lawmakers to consider babies and child endangerment when they create drug policies in North Carolina. They want them to consider the parents and their ability to function and care for children. She used the example of how parents are using their children's diapers and diaper bags to traffic and to hide drugs so that people are not as suspecting of their behavior. It may look like a family taking a stroll through the park, but they are using a diaper bag or a stroller to hide their activities. Ms. Dye showed a photo of a baby's changing table that had a drug pipe on it which did not look much different than a rattle or baby bottle. She stated that if you did a swab of any area on the changing table, it would test positive for drugs. Drugs get into children's system through germinal absorption, inhalation or through oral ingestion. Ms. Dye stated they are seeing a trend of parents "shot gunning" their children with marijuana smoke to get them to fall asleep so they will not disturb them while they are getting high. She commented that there is nothing more frustrating to a substance using parent than to try and enjoy a high with a toddler yelling and pulling at their leg. She showed a photo of a supervised visit with a new born who has neonatal abstinence syndrome. That is when a mother uses meth throughout her pregnancy and the baby is born with methamphetamine in their system. What results from this is the crash phase in which the infant sleeps a lot and is difficult to feed. They may have suck/swallow issues, but to an outsider they look like a good baby. The feedback the parents receive is that they are so lucky to have such a good baby. In reality the baby is born with dopamine depletion in their brain, which translates to depression. A baby cannot express depression except through sleep. They may be cranky, colicky, spit up a lot, and may be on multiple formulas. If pediatricians are not receiving this type of training they will miss this. That is why drug testing, prenatal drug testing, and drug testing at birth, is so critical to identify the needs of these newborns. As they get older they are very intolerant to touching their face, and they

are always thirsty. Ms. Dye noted that the parents appear to be impaired a lot time when they have to go to court. Their normal is under the influence of some kind of drug, such as pills. She reiterated that they commonly see children's bodies being used to fund their parent's drug use.

The progression of drug addiction will be to eat and drink first, so you will first see edibles being put into coffee or mountain dew. Snorting will be second. The most popular way to use meth is to smoke it. Once someone injects it, they have a 99% chance of using meth again. A major concern for children is that parents want to share the most important thing in their life which is drugs. So they will let their children use drugs with them. Ms. Dye stated that she has had parents tell her that it is the only way their children will eat. It is because using drugs is the only way the parents will eat. If they can get off of meth for a little while and smoke marijuana it will stimulate their appetite. If a parent hears from a physician that their baby is failing to thrive, or they hear from a friend that you better not let your baby fail to thrive, they are going to expose their children to marijuana. The trend is to shoot gun marijuana to the toddler to make them hungry.

The meth use cycle starts with the binge period, which is 1 – 14 days. During this time there is a concern about neglect, and sexual abuse, but not necessarily by a parent, but other people who are in the home using. The sexual appetite is extremely heightened during the binge phase. There is concern because no one in the drug world uses a full name. When they interview children they will refer to someone as "Uncle Whoever," users do not give their real names. This makes it very difficult to determine who is responsible for what happens regarding endangerment to the children. The tweaking phase is when the person is unable to get any more high than they already are. It does not matter what they using, they are tweaking. Paranoia falls under this phase. The crash phase is the phase that children describe with chilling accuracy. An example given to Ms. Dye by a child was that her father was asleep on the lawn for two days, and her mother would not call the police. She told her that they thought he was dead, but did not want law enforcement to be involved. The crash phase is almost like a semi-comatose state. This is also observed in children who are environmentally exposed. About 85-90 % of children will test positive for methamphetamine if it is used or manufactured in their home. They have teachers reporting that they cannot wake children up during class. A drug related child abuse case includes children present as part of a drug related crime. This would be classified as burglary, forced participation in shoplifting, domestic violence, property crime, and smurfing, which is where groups go around different pharmacies and buy pills. Also included are going to methadone clinics, being around guns, bombs, and child pornography. She stated they are concerned about forced participation in illegal activities. An example she used is having 3- 5 year old children knowing how to clean dirty drug needles. These small children are coached on how to talk to the police. They know how to talk to social workers, and know how to answer certain questions. The children experience a lot of health problems such as different lung diseases that may or may not be associated to the exposure of methamphetamine use or manufacture. DEC typically sees delays in treatment for injuries or lack of treatment for injuries in children. Parents will withdraw their children from school to home school if people start to suspect drug use in the home. Ms. Dye suggested that legislation should be considered for home school monitoring visits. She stated that children typically take on the adult role. She talked about a condition called conversion disorder. This is defined in children as a mimicking effect of a severe medical issue which can be brought on as a trauma response to seeing an offender, or learning they have to return home to an abusive parent. It is so important for each child to have a medical exam when they are removed from the home, and also make sure they are not given to a relative that may be as equally involved in using drugs as abusive. DEC did a county study and found that 66 % of the children seen in that county's sexual abuse clinic had a sexually transmitted infection, and 84 % of those were from homes where the children had been traded for drugs. Again, they are the currency. Why young children? She answered because they do not talk. The sexual appetite is insatiable for a meth user. Children will have nightmares about the loud noises in their homes, and they fear that their parents will be shot and killed. Older children are forced to try meth so they will have a secret and be less likely to tell on their parents. Sometimes the most dangerous thing a child can do is ask

for help. Ms. Dye emphasized that lawmakers need to make sure that investigative policies are considerate of the children, because they cannot get in a car and leave. They are unable to protect themselves. The Department of Homeland Security has made drug endangered children their priority for 2012. They have agreed to make free training available to rural law enforcement agencies. The training request can be made through the rural policing institute, or through the federal law enforcement training center. Again, Ms. Dye asked that the legislators consider the children when moving forward with drug policies.

Representative Stevens asked Ms. Dye if there is model legislation that other states have done that she could share with the committee. She stated yes, but it was on her computer. She would email it to Hal Pell. Representative Faircloth commented that it was an alarming presentation. He and Representative Horn felt that it was very important that children be considered because they are the unwilling participants in the whole drug society. Representative Tolson asked if there was any feedback on the education program. Ms. Dye answered that they have had great results on the number of children that had been rescued. Representative Tolson asked if the education program is keeping the young people from ever trying meth, and how broad is their education program now. Ms. Dye answered that they train the professionals. Representative Horn asked Ms. Dye if there was any legislation in her jurisdiction regarding the testing and reporting of babies born with addiction. She answered that it is the most contentious legal issue because of the whole abortion debate, and civil rights action. In Kentucky there is a law that has worked well. It states that pregnant women who are arrested for any crime will be drug tested at the jail. If they are convicted of a crime they will remain in jail until they can be transferred to a treatment facility, or the woman delivers a drug free baby. She will then have the option of going to treatment. She stated that it has been a very effective law. The women who have delivered drug free babies have no complaints about it. However, there are other groups who have significant issues with it. Representative Horn asked if we could have a similar law in North Carolina. Hal Pell answered he would check into that. Representative Horn asked what does North Carolina do for drug endangered children, does the state have an act. Hal Pell was going to check and report back to the committee. Representative McLawhorn stated that she is curious about the curriculum in North Carolina. She asked for information on the state's drug prevention curriculum. She knows DPI has something that is used as a prevention method that shows exposure to the drugs that are out there. Is it used in middle school? Representative McLawhorn commented that she would like to know where meth fits into that prevention model, and are teachers trained on how to recognize the symptoms of drug use. Representative McLawhorn commented that Ms. Dye mentioned something about the checklist that hospitals use to see if babies are on drugs. Are North Carolina hospitals using something similar to that or is it the pediatrician's responsibility to follow up. Ms. Dye answered that it is the responsibility of the emergency room. If a drug bust occurs and children are in the home at the time of the bust, they should be taken to the hospital and tested for drug use. Representative McLawhorn commented that she was bothered by home schooling being used as a method to isolate children, and she is not sure who monitors the state's home schools. Holly advised that would fall under Truancy Court. Representative Stevens asked if teachers have a child that is removed from school, do they contact social services to check the home school situation. Representative Stevens suggested that if we amend the Chapter 50 statute to state that if a relative suspects there is drug use in the home, then that is sufficient enough evidence for that relative to fight for custody. She commented that this would help get the children out of the home before it becomes a bad situation. She stated that "unfit" is very hard to define. Representative Stevens, an attorney, has had grandparents come forward, but not able to prove drug use by the parents. Ms. Dye stated another thing that can be implemented in the jails is the PSI, pre-sentencing interview, to screen the children. This would ensure they are not home alone or with an unsafe individual. This should be easy for the legislators to implement. Representative Stevens commented that the legislature passed a law last term stating law enforcement cannot make an arrest and leave a minor assigned with anyone under 18 years old.

Representative Faircloth asked if there were any other questions for Ms. Dye. He thanked her for her presentation. He stated that we will have staff look into some of the questions that were asked.

Representative Faircloth announced we would be moving to the next item on the agenda that addresses the manufacture of Methamphetamine and contamination issues. He introduced Ann Hamlin, Special Agent in Charge with the Drug Chemistry Section of the State Bureau of Investigation (SBI).

Agent Hamlin introduced herself as the Special Agent in Charge of the Drug Chemistry and Toxicology Section of the North Carolina State Crime Lab. She also coordinates the chemist response to the CLAN labs throughout the state. A copy of her presentation (Attachment 2) is included in these minutes.

Agent Hamlin stated there are really two general ways to manufacture methamphetamine. One utilizes a match book strike or plates which is called the red phosphorous method. The other method is what they call the not fear birch method. That uses condensed ammonia or some form of anhydrous ammonia. She stated that more recently they have started seeing a variation to that method called the shake and bake, or the one pot method. They are seeing a lot of these clan labs throughout the entire state. Most of the labs out west seem to be shake and bake and one pot. North Carolina sees about 30 % shake and bake / one pot methods in the East, and about 30 % red phosphorous and 30% actually condensed ammonia, where they have an additional step of making the ammonia before they can actually do the cook. Agent Hamlin stated that she would like to share with us the details of the shake and bake or the one pot method. It is a version of the ammonia or the nazi method of manufacturing, and it produces ammonia and performs the actual meth cook in the same container. It is usually a very small container that may be plastic or glass, and it must have a lid so it can create the pressure to help the cook go along and move the reaction a little faster. Most meth cooks use about two boxes of pseudoephedrine for a Gatorade sized bottle. She quoted a defendant from a meth arrest that said his recipe was ½ cup of fertilizer, ¼ cup of Lye, and the insides of 2 lithium batteries. The amounts that result from a one pot cook are more for a single user. They are not trying to make large amounts of meth to sell for money. It is more for personal use. Therefore they make a quick batch using the shake and bake or one pot. She stated that it is very easy to cut open batteries, take out the lithium strip, tear it apart, and put in a Gatorade bottle with the other associated ingredients. The other important ingredients are fertilizer and lye (sodium hydroxide). The fertilizer contains the ammonium nitrate that is necessary for the reaction to occur. Agent Hamlin said they are also starting to see a simple form of the fertilizer, the ammonium nitrate, in the cold compress packs. Meth cooks have a lot of time on their hands. They are always looking for short cuts that make things easier and more convenient. They are now using the cold compresses for the source of their ammonium nitrate pellets. They usually have 2 plastic bags in the cold compresses. One contains the pellets, and the other contains the water which can also be used in the reaction. It appears to be more common in Western North Carolina to see the cold packs at a meth lab because the large bags of fertilizer are not as readily available as they are in the Eastern part of the state. After viewing a photograph in Agent Hamlin's presentation, Representative Stevens asked what part does a meth user use to get high? What comes out of the bottle? Agent Hamlin answered that the bottle produces a user amount. It depends on how much pseudoephedrine they use. 92 % of the amount of pseudoephedrine used will turn into methamphetamine. They combine all the ingredients into a bottle and they shake it. They have to release the pressure periodically. When the cook puts the Coleman fuel in, it converts to meth. If they use ammonia, which is a base, than that meth base if going to go into the Coleman fuel, which is sitting at the top. When the reaction is over they pour off that liquid which contains the methamphetamine. At that point, they have one more step that involves a hydrogen chloride gas generator. They take another soda bottle and fill it up with salt and acid which will start to generate HCL gas. They cut a hole in the top of the soda cap and run a plastic tube into the liquid. As the HCL gas runs through the tube it is turning the meth from a base to a salt. You can see flecks precipitate out of the liquid which is the methamphetamine. That is then poured into a coffee filter. The solid material stays on top and the liquid

goes to the bottom. The cook will salt it out a couple of time to ensure they get all of the meth. Agent Hamlin commented that it is a pretty simple process.

Representative McLawhorn asked for clarification about potential explosions. Are they caused by the combination of the gases, and not by a fire that is lit for the cooking process? Agent Hamlin answered that it is not from a fire that is lit. An explosion can occur because of the increasing amount of pressure and the volatile materials that are used to make meth. She said that when the SBI is done processing a meth lab, they lay everything out on the front lawn where they can begin their sampling. Years ago there used to be a lot more to the meth labs because of the different red phosphorous that was used. There were a lot more materials being used. Agent Hamlin's slide presentation showed how simplistic the one pots are. She commented that there really is not much to it. You get a couple of ingredients, put them in a bottle, shake it up, salt it off and you are done. The popularity of this method is rapidly increasing in North Carolina. Representative McLawhorn asked how long the process takes to complete. Agent Hamlin answered about 30 minutes to an hour. She followed up stating that it also depends on the amount of materials they use determines how long the reaction is going to take to completion. She showed a photo that addresses the danger of lithium. It is very water reactive. When you remove a lithium strip from a battery you are supposed to place it in an organic solvent or oil so it will not come in contact with water. If it does it can ignite and explode. Representative Stevens commented that it has been stated that making meth in a one pot is simple, but it looks like a complicated process to her. Agent Hamlin commented that it is actually easier than baking a batch of cookies. You do not have to measure anything and the cooks have a lot of time on their hands with nothing else to do. Their life revolves around drugs and methamphetamine. Representative Tolson asked if individual users making their own meth for personal use is a larger problem than someone that is making it to sell. Agent Hamlin answered individual users.

Representative Faircloth asked if there any other questions. He thanked Agent Hamlin for her presentation.

To address more issues regarding manufacturing meth and contamination issues, Representative Faircloth introduced Assistant Special Agent in Charge, Todd Duke of the SBI. He was at the committee meeting to speak in place of Special Agent Van Shaw, who missed the meeting due to a family emergency. Agent Duke thanked the committee for having him. He is in charge of the meth lab unit, the CLAN response program for the SBI. Agent Duke stated that he had been with the SBI for 14 years, the last 11 years he has been investigating meth labs. He was certified in 2000, has been on their SWAT team for 10 years, and has done entries and worked labs all over the state for the last 11 years. His presentation was about the response protocol. What happens when a local agency jurisdiction, such as a sheriff's office, or a police department locates a meth lab. What is the process they go through to investigate the meth lab, respond to it, and prosecute that lab? A copy of the presentation (Attachment 3) is included in these minutes.

When a Methamphetamine Laboratory is discovered by a law enforcement agency, the SBI District Field office for that area is contacted and a request is made for assistance from the Clandestine Laboratory Response Program. An agent with the Clandestine Laboratory Response Program then coordinates the response for the processing of the scene. This includes a crime laboratory chemist, crime scene personnel, and additional trained law enforcement officers that are needed based on the size of the laboratory operation. The Clandestine Laboratory Response Program agent will serve as the site safety officers as required by federal regulations and provide all necessary personal protective equipment to safely process the crime scene. After the crime scene is processed and evidence samples are collected, the site safety officer will assist in the coordination of a commercial contractor to dispose of those items of evidence that are deemed hazardous and cannot be placed into conventional evidence holding facilities. This process can take an hour to work a lab, or it can take 8 hours to work a lab. A lot is determined by

the conditions they are working under, how big the lab is, how spread out it is, and the area that they have to search. It takes several people that are certified to search the whole area to bring all the stuff together in one spot so the lab can be processed. At the completion of all crime scene operations, the residence or structure will be posted by the Site Safety officer with a written warning that states "while known hazardous chemicals have been disposed of pursuant to law, there still may be hazardous substances or waste products on the property." Evidence samples are taken to the crime laboratory for analysis and confirmation of the manufacturing process by a forensic chemist. The Clandestine Laboratory Response Program will notify the property owner by registered mail that a clandestine drug laboratory was located on their property and the associated hazardous related to that discovery. The local Health Department is also notified by telephone and letter of the location of the drug laboratory and the date it was discovered. Additional information related to specific chemicals identified at the scene is also available to the property owner and the Health Department upon request. Other information related to injuries and exposure is shared with the N. C. Department of Health and Human Services. If an officer is injured at a lab or someone is injured while working a lab, it is tracked by Health and Human Services, and by the SBI's Clan lab program. The lab discovery is also entered into the El Paso Intelligence Center's Clandestine Laboratory Database for national tracking of drug lab events. This department enters every lab that they find into this database, the suspects, and all the information related to that lab. So it is tracked and there is a record of it forever nationwide. That is how they track what kind of labs, who was there, if associates are there, and anybody in the law enforcement community that is working labs can access that information. It is maintained forever. They also collect information on the certified personnel that are working that lab. They do what is called an exposure report on everyone from the chemist to the agents and officers that are working the lab. Response personnel information is collected for the Medical Surveillance Program to track exposures to known hazardous chemicals and environments. Before you are certified to work in a lab, you have to have a physical where they do a baseline medical surveillance physical. You have to be deemed healthy enough to put on the respirators, to put on all the stuff to work in this environment. Every 30 meth labs or 3 years, they have to have a follow up physical where they take blood work and check the agent's liver functions. They want to make sure that any of the level of toxins in their system does not go up to a certain level that can damage their liver. The chemicals biocumulate in their body over a period of time. That is why they do the best they can to limit the exposure on themselves to this stuff and the SBI monitors medically. This is the process that they go through when they respond to labs.

Agent Duke asked if there any questions. Representative Mobley asked when a lab is discovered, do they notify the Health Department? Agent Duke answered yes. She asked if they find that there are children do they notify the Department of Social Services. He answered yes. He commented that they are careful, even if there are no children they still notify and they document that with photographic evidence.

Representative McLawhorn stated she had read an article about how to tell if your home was a former meth lab. If a landlord finds out that their property has been used for the manufacturing of meth, she believed the article stated that it was about \$2500.00 to clean-up. Does the landlord receive a certified letter? Agent Duke answered yes. Representative McLawhorn asked what about the cleanup process that they have to go through. The article she read stated that the homeowner had done the clean-up themselves, but when the home was inspected it was not decontaminated. She asked Agent Duke to explain that process. He stated that the process is between the Health Department and the homeowner. The SBI is not in the middle of that process. There is no statutory authority stating what you have to do as the property owner. They have to satisfy the health department that they have remediated that property to the satisfaction of the local health department, and the health department has to say it can be reoccupied. Representative McLawhorn brought up that Agent Duke has stated that they post notices all over. He confirmed that they post a notice stating that there was a meth lab at that location. They do all that they can to pull everything out that is contaminated, but there still could be contamination or dangerous chemicals in the property.

Representative Stevens asked if it is only one shake and bake bottle do they still post that to the national registry. Agent Duke answered yes. He commented one bottle or a huge red phosphorous lab is all the same thing as far as notification goes and as far as the SBI goes about processing. One shake and bake bottle can kill a person. They go about the same steps and process regardless if it is a small lab in a car, or thrown out on the side of the road, or if it is a large lab in a building. Representative Stevens followed up by asking if the national registry is easy to access by which counties or cities are hit. Agent Duke advised that the registry will give you the address, but he does not believe it has any details regarding what type of lab was discovered. It gives county, city, address, and the date.

Representative Horn commented that he had been on the national registry site. He stated it does give you all the details, and is fairly easy to get to. He found 30 North Carolina places listed on it the last time he checked. Representative Horn asked Agent Duke how long they are required to post a meth lab. Agent Duke answered that they post it, but how long the posting stays up is up to the homeowner. He shared a story about posting a notice on a door when he worked a lab in a Greensboro hotel. When he left the post was on the door of the room. Three minutes later he circled through the parking lot and the hotel owner was trying to scrape it off the door. Agent Duke advised him that he could not do that, and he would have to satisfy the health department that the room could be reoccupied. Agent Duke commented that he could not stay in the parking lot and watch the hotel owner. Unfortunately, it is up to the homeowner as to how long it stays. Representative Horn asked who was paying for all this. Agent Duke answered that as far as the response, it is the state of North Carolina that pays for the SBI response and the chemist response. The cleanup which consist of where they take the samples and pulling everything out of the residence, is on the local municipality, whether it is a city or a county. Whoever locates the meth lab becomes the responsible party, they become the generator of the waste, meaning they own that waste. So they have to pay the contractor for the cleanup of that waste. Representative Horn asked who decides on which contractor is called. Agent Duke answered whoever is paying for it decides. Representative Horn asked if there is a certification process for that contractor. He clarified by asking if they know that it is not just a company such as Merry Maids. Agent Duke answered no. Representative Horn asked if there is a requirement for a follow-up test for residual toxins after the cleanup has been done. Agent Duke answered no. There is no requirement for a residual test for toxins to be done by the health department, but it is a recommendation.

Representative Tolson confirmed that he understood that there is no penalty for removing the posting. Agent Duke confirmed that he was correct. Representative Tolson suggested that be an issue that the committee addresses in the future. He asked if the facility is cleared by the health department do they need to sign off. Agent Duke answered yes.

Representative Mobley asked if North Carolina has had any agents or officers who have been killed or injured as a result of a meth lab. If so, did it end in any monies having to be paid out by the state? Agent Duke answered that they track officer injuries. A Winston Salem officer was injured in October 2011 going through garbage at a hotel when an HCL gas generator went off on him. He received HCL gas burns. As far as monies being paid out for severe injuries, Agent Duke was not aware of any to law enforcement. He said they average 8 to 12 law enforcement injuries a year related to meth labs. An example could be an officer that stops a car with a rolling one pot in it that gets injured by some gases; or, it could be as simple as an officer having a heat stroke working a lab on a very hot day in the encapsulated suit. They do track and document those injuries. Representative Mobley followed up with a confirmation that there have been no deaths to his knowledge and he answered that she was correct.

Representative Tolson asked how firemen are alerted. If the fire is from a lab explosion, are they trained to recognize a meth lab? Agent Duke answered that one of the responsibilities they do in their unit is awareness training or education with EMS personnel, social services personnel, and with fire

departments, and volunteer fire fighters. The SBI conducts between 2 and 4 hour awareness talks to these people. It teaches them to be aware of the things to look for when they are responding. The SBI is continually educating these people on Meth labs. Representative Tolson commented that the committee needs to touch base with fire and rescue to be sure that these things are discussed. Agent Duke said he has given many presentations to EMS students.

Representative Mobley referenced the presentation by Agent Hamlin that showed how flammable lithium is if doused with water. She asked if firefighters had an alternative to using water. Agent Duke said it depends on the type of meth that is being cooked. The red phosphorus method does not use lithium. The one pot and the nazi method do use lithium. He stated that 85 to 90% of the labs they are working are the one pot labs. They used to be found more in the western part of the state, but now they are being located often in the eastern part of the state. The one pot labs are quickly becoming popular.

Representative Horn asked if fireman personnel are required to train, or is it up to the Chief to determine the training. Agent Duke answered that it is not a requirement. It is up to the Chief or training officer. Representative Horn followed up by asking how many labs had been found as of that day. Agent Duke answered as of the morning of the committee meeting, December 8, 2011, there had been 317 labs discovered. Representative Horn noted that North Carolina had exceeded the projection of 300 for the year.

Representative Faircloth asked if there were any other questions for Agent Duke. He thanked him for the presentation.

Representative Faircloth introduced the next speaker, Marilyn Parker, one of the Industrial Hygienist with the State Division of Public Health and DHHS. Her presentation addressed what happens in the later stages of a meth lab discovery. A copy of the presentation (Attachment 4) is included in these minutes.

Ms. Parker shared with the committee that she became involved in the late 90's because they started noticing a trend, especially on the West Coast, of methamphetamine injuries, and an increase in the amount of meth labs popping up. It was starting to move across the country.

Ms. Parker stated that sometimes people become confused when referring to clean up and post decontamination. Clean up is really the removal of bulk chemicals, not the residual that may be left behind in a house or property. How dangerous can it be? It can be very dangerous since someone has actually cooked the product. After a lab has been busted, how dangerous a place is depends on how they cooked the meth, what kind of method was used and how sloppy was the cook. You have corrosives, flammables, and other things that are not supposed to be stirred together. You have things in containers that are not supposed to be in those types of containers. These things are also stored in cabinets and refrigerators with food. There is equipment being used that is not meant to be used to make meth, for example a coffee pot. There have been limitations on setting a standard on how to determine if a house is clean. The reason for this is detection limit of the equipment that would be used. Is it even feasible to do the testing? The trend from 2004 is to be conservative to protect people's health, primarily children's exposure. There has been a lot of research and some work in calculating a risk based standard. In 2004, Minnesota conducted studies where they were given permission to go into a meth lab house and do some testing. They cut out pieces of sheet rock. They found meth on it. It was on the paint. They peeled that layer off and tested again, and found meth. They peeled off another layer and also found meth. They went behind the wall and also found meth. They determined it went through light switches and outlets. They did test to see how far up the wall it went. More research was conducted on the type of cook, what kind of walls does meth penetrate more easily, meaning painted wall, concrete wall, block wall, etc. What materials on walls will prevent meth remains not to come back and reduce exposure? Another study was conducted on the amount of meth that is found on people when they come out of a meth lab.

Children, law enforcement, and pets did have some sort of contamination on their bodies. Another study was looking at contamination and how it migrated through a property. They wanted to see if it was just surface contamination and/or airborne contamination. During the cook, there was no activity: 520 – 760 µg/m³). Then 13 Hours after the cook they went in and took some air samples and there was less than there was when they were actually cooking: 70 – 117 µg/m³. With medium activity in the room, 16 hours after the cook: 107 – 170 µg/m³. Medium activity was classified as walking around the room, opening and closing cabinets, sitting on the furniture. Notice the levels were higher. With heavy activity, 18 hours after the cook: 100 – 210 µg/m³. Heavy activity consisted of vacuuming, people jumping up and down on the furniture like children would do. They had people crawling around on the floor. With more aggressive activities, you could see the level of meth in the air increased. Marilyn raised the question on how to get rid of it on your clothing. Does the washing machine really work? Meth is very water soluble. Using a normal washing machine, with warm water and Cold Water Tide®, a Denim cloth washed one time became 99.4% clean. A cotton blanket washed one time became 99.8% clean. A test was done simulating smoking meth in a motel room. Contamination from smoking meth resulted in airborne levels of 300-1,600 µg/m³. Surface areas were up to 35 µg/cm². Levels may be less if meth was inhaled. California was given a mandate by their legislature to develop a reference dose (RfD) for methamphetamine, to see how much would be safe or acceptable, meaning where you will not see the effects from the exposure of meth to the children. The document they developed is called “Assessment of Children’s Exposure to Surface Methamphetamine Residues in Former Clandestine Methamphetamine Labs, and Identification of a Risk-Based Cleanup Standard for Surface Methamphetamine Contamination.” This document is referring to the residual clean up once the bulk chemicals are gone. A lot of states are using a cleanup level of < 0.1 µg/100cm² to 0.5 µg/100cm². North Carolina does not have a cleanup level. The data from California is calculated at a risk-based target of 1.5 µg/100cm². Since this came out in 2009, some states have changed their levels to 1.5. This is the North Carolina statute that was passed in 2005 to ensure that the property is reasonably safe for habitation; 130A-284. “For the protection of the public health, the Commission shall adopt rules establishing decontamination standards to ensure that a certain property is reasonably safe for habitation.” It also states that whoever is in charge of that property is required to comply with the rules. The rules state an owner, lessee, operator, or other person in control of a residence or place of business or any structure appurtenant to a residence or place of business, and who has knowledge that the property has been used for the manufacture of methamphetamine, shall comply with these rules. A copy of the rules (Attachment 5) is included in these minutes. The scope of the rules is to protect public health inside of re-occupied residences and places of business. There are no specific requirements for outdoor issues. It does not address other legal issues, such as personal effects left behind by the tenant. The local health department notifies the property owner. Prior to habitation, the responsible party is required to do a pre-decontamination assessment. Then they must decontaminate the property. They are required to document those activities, and submit documentation to the local health department. As far as decontamination, they need to follow pre-decontamination plan; ventilate before and after remediation (fans, open windows), machine washable porous items at least two times, and dispose of non-machine washable porous items. They need to dispose of carpeting, mattresses, upholstered furniture, that is located in the “cook” area and areas served by same HVAC system. Contamination can be dispersed all over the dwelling if there is one HVAC system. They need to replace filters, clean diffusers, grills and all nearby surfaces. They must clean non-porous ducts, and replace internally insulated ductwork. You would need to remove effected plumbing, and clean appliances not used in the manufacture of meth, and discard appliances used in manufacture and storage. After cleaning, completely remove and replace surfaces with visible contamination and/or staining. Clean ceilings, walls, floors and other non-porous materials. Scrub with household detergent, and rinse with clear water. Repeat this process twice. Coat ceilings and walls with non-water based paint after cleaning. For post-decontamination, the responsible party shall notify the local health department upon completion of decontamination process. They will need to provide a copy of the pre-decontamination assessment and documentation of decontamination activity to the local health department, and retain documentation for 3 years. The local health department will review the

documentation, notify the responsible party in writing if documentation is incomplete, and retain documentation for 3 years. The local health department may inspect prior to, during, or after decontamination to enforce these rules. If the dwelling is occupied without the required cleanup, it is a violation of GS 130A-25, which is a criminal misdemeanor. North Carolina guidelines include hazardous chemicals in illicit methamphetamine laboratories information, suggested contractor qualifications, pre-decontamination template, decontamination template, and additional resource materials. Ms. Parker stressed that the words clean up and decontamination can be confusing, they do not mean the same thing. The Methamphetamine Remediation Research Act of 2007 required the EPA to develop guidelines for the cleanup of methamphetamine labs. They are voluntary guidelines. North Carolina did have some input into these guidelines. The information can be found at <http://www.epa.gov/oem/methlab.htm>.

Representative Stevens asked Ms. Parker if there is some type of test that a homeowner can obtain to check for contamination in a house. She answered that there are tests available, such as a swab test, but a test like that will not determine if the contamination is from someone smoking meth, cooking meth, or both. There is another kind of test that you can mail into a laboratory, but most people would find the returned data difficult to interpret. There are instruments that can be used for a direct reading, but it will be difficult to check every item in a house.

Representative McLawhorn stated that she was bothered by the inspection process. Her concern is for someone going to live in a house that was used to cook meth. She asked Ms. Parker what she would like to see happen before the property can be cleared for use again. She answered that health department can follow up, but they are very busy. She stated that you can tell if things have been replaced like carpet, or the walls have been painted. You can ask for records proving the materials removed went to the dump. There are ways that it can be assessed to see if these things have been done. Just a visual is helpful. Currently Ms. Parker is part of a group that is working meth labs with the American Industrial Hygiene Association. They are looking at contamination levels and the best way to deal with that. Representative McLawhorn followed up by asking Ms. Parker if she would have recommendations for the committee that would help our legislators set guidelines or set policy by. She answered that the EPA is going to come up with recommendations for the entire country to use.

Representative Tolson asked Ms. Parker what needs to be done to assist the health departments, and law enforcement agencies with this issue. In other words, how do we clean the places so people can go in and live? She stated that she does believe that the properties can be adequately cleaned. She feels that the methods that we have in North Carolina are appropriate as far as painting, washing, and removal of the porous materials. She feels having someone follow up and make sure those things are actually done would be a plus.

Representative Stevens asked about the properties where a landlord or property owner is not aware of it being used as a meth lab. Ms. Parker stated that she does receive phone calls from people that move into a home and are later told by neighbors that a drug user use to live at that property.

Representative Tolson commented that we need to have a document that can be signed stating that the property is safe to live in.

Representative Faircloth asked if there were any other questions. He thanked Ms. Parker for her presentation and advised that he felt like we would be back in touch with her.

Representative Faircloth advised that the last item for discussion was an update on the National Precursor Log Exchange (NPLEx) by Agent Duke.

Agent Duke advised that the NPLeX tracking system is scheduled to be implemented on January 1, 2012. The training for law enforcement officers had been done. The SBI had conducted two training sessions on how to use the system, one in the eastern part of the state, and one in the western part. Letters had been sent to law enforcement agencies and pharmacies in North Carolina. The first letter advised the training was being scheduled, the second letter advised how to get their user name and password, and the online training schedule. Apriss, the company that developed the program, has a help desk available to answer any questions that pharmacies may have. Agent Duke stated that we were on track to be up and running on January 1, 2012.

Representative Horn asked Andy Ellen, of the NC Retail Merchants Association, if there were any issues that could delay this project from starting on January 1st. Mr. Ellen answered that they had been working on implementation of this since the legislation passed. The one issue that they were running into is with previous legislation that included electronic log wording. The statement at that time was about 4-5 lines long, therefore too many characters to fit in any point of sale system. In the 2006 fall session, they allowed for some sort of signing. The intent was for someone to knowingly not exceed the limit, by clicking on a block that reads "I Attest." Mr. Ellen felt like it was the understanding that the new system would replace the block that would have to be checked off. As of the date of the committee meeting, December 8, 2011, about 52% of North Carolina pharmacies were using NPLeX. Wal-Mart was scheduled to start the next week. The national chains like Walgreens, CVS, etc. were ready to turn it on, but they did not have to do the "I Attest" statements in any other state on their electronic log. Mr. Ellen stated that the programmers were running about 30 days behind trying to get the "I Attest" statement added on. All pharmacies will be up and running, but they may be lacking the "I Attest" block until their point of sale machine is updated. Mr. Ellen quoted some stats of how many blocks had occurred so far in North Carolina. In the 30 days leading up to the meeting, NPLeX had blocked 2834 transactions. At that point it was not required by law. That accounted for 7500 grams of pseudoephedrine, roughly 3600 boxes that were not sold because the NPLeX system was in effect early.

Representative Horn asked Mr. Bronson, Program Manager for the Drug Controlling Unit with the Department of Health and Human Services Division of Mental Health, if he had any reason to believe that this will not be implemented January 1. He stated that initially when the law was passed their interpretation was that NC would have to abide by the old requirements and the new requirements. He stated that he did not believe that the SBI or law enforcement agency would arrest a pharmacy for not having the required language. He commented that it is not what the log is about. It is about stopping improper pseudoephedrine sales. Mr. Bronson did not see it as a roadblock, but there is a potential conflict which could be resolved with future legislation.

Representative Tolson asked Agent Duke if he felt like the smaller law enforcement communities had adequate training. Agent Duke answered every department had been notified on how to use the system, how to log on, and how to obtain a user name and password. Agent Duke is the system administrator for the state. Every law enforcement officer that requested an account was done so through him. Apriss does webinars where they provide web based training for the officers. Agent Duke stated that it does not matter if it is a 1-2 person agency or a 2000 person agency; the training is there for the officers to go through.

Representative Faircloth introduced Fred Baggett, the Legislative Counsel for North Carolina Association of Chiefs of Police. Mr. Baggett confirmed that law enforcement had been made aware of this system and legislation. He said they have an annual conference coming up in March, and they will remind them at the conference.

Lynn Hagelman from the Watauga County Sheriff's office was introduced. He told the committee that as a part of their in service training, every deputy is trained to recognize signs of a potential meth lab.

They are the front line people that will be exposed. He stated that the NPLeX system is working. Some statistics he shared showed that 57% of their smurfers are from Tennessee. Tennessee statistics state that 57% of smurfers are from North Carolina. He feels that the NPLeX system is working and is appreciative of the legislation that was passed.

Representative Horn stated that the committee may have gotten a little off track by addressing residual contamination in homes and how that applies under their charge. He had spoken to Speaker Tillis and requested to modify the committee's charge so they get a jump on that issue. He wanted to clarify that the committee will be expanding their scope to deal with some of these specific problems.

Representative Murry asked how many pharmacies had actually signed up and gone for training as December 8, 2011. Andy Ellis answered there was 52% of roughly 2000 pharmacies in North Carolina. That percentage included outpatient hospitals, and nursing homes. Mr. Ellis reiterated that once Wal-Mart came online it should increase to over 60%. Even the pharmacies that do not sell pseudoephedrine have to go onto the system and state they do not sell it. Representative Murry commented that he had to do that at his pharmacy. Representative Murry stated that not every point of sale system is integrated with the pharmacy system. He challenged everyone to go to a pharmacy and purchase pseudoephedrine between that day and January 1st. Then try to purchase it again after January 1st. He also suggested that everyone should try and purchase pseudoephedrine before January 1st from a couple of different pharmacies. It would be a good test market. Representative Murry also suggested that the committee members try to buy a lot of it.

With there being no further business, the meeting adjourned at 12:30PM.

Respectively submitted,

Representative John Faircloth, Co-Chair Presiding

Becky Bauerband, Committee Assistant

Representative Craig Horn, Co-Chair